Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17				RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		*		X\$ 9)=		OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		·2:		X42	=		OR	X84=	168	
MULTIPLE DEPENDENT CLAIM PRESENT							+140)=		OR	+280=	1011	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA				TOTAL	908		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									NTITY	OR	OTHER SMALL I	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· /7	Minus	· 2	\emptyset	=	X\$ 9	=		OR	X\$18=		
	Independent	• '9	Minus	<u> </u>		=	X42	=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+140	=		OR	+280=		
								TAL			TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. F	tt I			AUDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	naimengmedae antestal na vetac acroquer 量	Minus	properties and the same	e es moneral	u den kateriere de la suito. El	X\$ 9	=		OR	X\$18=	en to the	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X42	=		OR	X84=	,	
<u> </u>	FIRST PRESE	INTATION OF MI	JETIPLE DE	PENDEN	CLAIM		+140			OR	+280=		
								TAL EE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		-	X42:	: †		OR	X84=		
<u>L</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140				+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ***********************************										OR	TOTAL		
	EE AL - OF 17-L A B I	-b O decele D								1 1 1 2			
***	If the "Highest Nu	mber Previously P mber Previously P aber Previously Pa	aid For" IN TH	IS SPACE	is less tha	n 3, enter "3."	ADDI1.1				ADDIT: FEE	ev	

Application or Docket Number